

We're making a few announcements here today related to COVID-19. Today, we're at the site of the old Pan American hospitals now, the Miami Care Center. And we're doing that to highlight a new partnership between the Miami Care Center, the Avante Group skilled nursing and rehabilitation centers in the state of Florida to create a 150 bed COVID-19 dedicated nursing home. This is the 12th of its kind throughout the state of Florida. If you look at how this epidemic has affected different groups of people throughout the United States, it's clear that the most significant impacts have fallen on residents of long term care facilities and how you handle that and approach that I think has been probably the most critical thing that you can do on a government level. I think we've seen in areas of the country where you had really high fatality rates, part of that stemmed from policies in which Long Term Care residents who were COVID positive in the hospital, the medically stable were sent back into nursing facilities who didn't have the wherewithal to isolate them. And so as we know that this virus is spread, and in those instances it was spreading amongst the most vulnerable. Here in Florida, we didn't at the very beginning, we recognize that that would be something that would be very problematic to have a COVID positive nursing home resident, be put back into a facility where you couldn't have proper isolation would be a recipe for for more spread of obviously more hospitalizations and more fatalities. And so we prohibited discharging COVID positive patients back into nursing facilities. And that was the right decision to do saved a lot of lives by doing that as prevented outbreaks. At the same time. You do have situations where either somebody who's in a long term care for ability is in the hospital, but it's stable, and really doesn't require unfortunately, additional hospitalization. You also have instances and because we've been testing a lot in nursing homes, where somebody will be identified as positive, but they're medically stable. And so if you're in a long term care facility where you're not able to appropriately isolate them, leaving them in that facility runs a risk of having spread throughout the facility infecting other staff and residents. And so, we are requiring those facilities and have been for some time to transfer a COVID positive resident to a facility where isolation can be done that has initially was hospitals and so you have a lot of hospital, hospitals are boarding or have been boarding a lot of these long term care residents. But we in April said, okay, obviously we need to isolate. There may be ways to do it that make more sense and so Secretary May you really led the effort to establish skilled nursing facilities specifically for COVID positive Long Term Care residents. And this serves both as a step up from a long term care facility that may not have the ability to appropriately isolated COVID positive resident, but also a step down from a hospital setting where you may have somebody who's COVID positive, but they are medically stable and don't require that level of medical attention. And so having this is really an important tool, as we look at handling what's going on with COVID-19. And if you look more, if you did an honest accounting like in Florida, anyone who's a resident of a long term care facility, whether they if they die with Corona in their facility and hospice in a hospital, that all counts as a as a fatality. If you did that uniformly across the states, you'd have a majority of the COVID related fatalities would be a month. Long Term Care residents. And so this is where kind of the tip of the sphere where the most danger is from this virus. And this has been something that we've been constantly focusing on since March. And this is another step in that direction. So right now, or at least it's been for probably the last couple months, you have anywhere from 250 to 450, medically stable COVID-19 positive long term care facilities in hospitals. Now that we have

these 12 facilities, you're starting to see more and more admissions where this could serve as that step down from the hospital. And you're also seeing admissions where it could serve as a stepped up step up from a long term care facility.

Exclusively caring for medically stable COVID patients does serve that dual function both stepping up and stepping down. So the avani group began operating this Care Center at the beginning of July. They've already admitted 18 patients And they do have more on the way. They can currently staff up to 70 beds. And we think within the next few weeks, they will have staff 150 beds for COVID positive residents of long term care facilities. This is very important. So in South Florida, you now have the Miami Care Center, you have a facility and Broward that's COVID only, and then you have to in Palm Beach County that are COVID only. So that's a that's a pretty significant number of beds, to be able to care for people who are COVID positive, but care for them in a way that they're not spreading it to other vulnerable seniors in these long term care facilities. You know, one trend that we've been seeing and I think that a Jackson can can validate it is you know, as we've seen more traffic into the hospitals in the in the past few weeks. We're seeing a smaller number of residents have long term care facilities admitted. And so, you know, look, we obviously would like this not to be here not to not to have anyone admitted, but those residents have the long term care facilities. And when they're admitted, you they have a much, much higher rate of mortality. And so to see that decline, you know, is something that's very, very positive now, we've done the testing of the residents and the staff from April through the beginning of June. We've now have a rule in place per Secretary Mayhew, that all staff members of long term care facilities need to be tested every two weeks. That's like 180 hundred 90,000 people. So those tests are being administered as we speak. They've been distributed, I think about 10 days ago. You're gonna start getting more and more of those results come in the first round we did this, the positivity rate for members of the staff of long term care facilities about 3%. We anticipated being higher Just because these folks are going to be reflections of the community. So if you have a higher positivity rate, in dade or Hillsborough, some of these places, those, those staff members are probably not going to be immune to that. So we anticipate seeing a higher positivity rate, but by doing the testing allows us to isolate the staff member, so they don't spread it to the residents. So all in all, I don't think any other state in the country has done what we've done to protect the vulnerable here in the state of Florida. This is another big step in that direction. And I think it's going to be a really important tool to help protect vulnerable folks, particularly at the time at hand. But we're, this is just one thing that we're doing. We want to do more to be able to help with that. And so, PR Secretary Mayhew, she's been working with hospitals to ensure that they have the capacity and staffing necessary to be able to handle not just the needs of COVID But also other needs and you know, we are seeing more traffic in emergency departments for non COVID. That's not necessarily a bad thing. Because what happened was, in March and April, you saw a decline in people showing up for heart stroke and some of these key sources of mortality. People didn't just all of a sudden stop having heart attacks there. People were not as comfortable seeking medical care then. So we've been stressing, and I think every hospital that we've talked to stresses, you know, look, we're open for business, if you have heart, if you have stroke, come in and get the medical attention you need because if you put off the heart, then it tends to get worse. And we were in the villages yesterday talking to some of the EDI Doc's. And they were

saying that some of the patients now that are presenting for things like Heart and Stroke are presenting more severely because the symptoms started previously and they just didn't go into the hospital. So we definitely want that to happen. And we view that is very important, I mean that this virus is one part of health, there's a whole host of other things. But we've also got to be concerned with what we've done. The second announcement is we have at the state with aka, approved the temporary increase of 47 beds for Jackson's nursing home license. So that'll take them from 180 to 227. And that'll be a force multiplier in terms of their ability to care for co COVID positive nursing home residents. So this increase of 47 beds is allowed Jackson use a former rehab facility adjacent to the Jackson memorial to discharge patients from a hospital to more appropriate level of care and obviously, ensuring that you have adequate hospital capacity. So we think that that's something that's very, very important. The final thing that we're pleased to announce today is, you know, speaking with a lot of folks in these hospitals, you know, if you look at the census, you know, you've got you know, you've got a I think it's been about 20 5% of the beds have been available statewide, that's been pretty consistent. You know, Dade has a lot of beds available still. But this is the low season typically for hospitals in terms of their staffing, usually the higher season is flu season. So they're looking at ways to utilize staff, and particularly at a place like Jackson, where they have folks come in for things totally unrelated to COVID. They get into a car accident, they have heart problems that everybody who's coming in, is getting swapped, and they're getting tested for COVID. Well, I think the rate you guys are seeing 30 to 40% are testing pause. Now they're asymptomatic. They're not they're kind of incidental COVID positives in the hospital, they would not need to be hospitalized for COVID absent the other conditions, but what happens is if you're in and yet you broke your leg and you're an asymptomatic, COVID patient, they still have to put protocols in place to be able to isolate and make sure that that doesn't stop other parts of the facility. So that requires just more manpower what the ratio of it's not COVID. What's the difference in the ratio that you would have to have?

Yeah, so so that you see kind of there. So there's beds available. But if you're having patients come in test positive, you know, for broken leg, they still have to do this one to four. So we are when the vice president was down with Secretary, a czar, we were in Tampa on Thursday. Some of the some of the hospital folks there were saying, beds, we just want make sure we have enough enough folks on staffing and they obviously there's certain things they do to try to bring in staff. Well, so HHS, their work and we submitted a request for them to be able to send folks to Florida, particularly to South Florida. At the same time, you know, the state we want to do our part, you know, we don't want to rely just on the federal government. So today after talking with Carlos McCoy after talking with other folks down here in Dade County, the state we are going to be diverting some of our contract personnel to Jackson. So we're sending a starting tomorrow 100 contract personnel, medical personnel, mostly nurses, to be able to augment their operations. And I think that that'll be something that'll be very useful for them, you know, as they continue to, to deal with not only just COVID patients, but also non COVID patients. And so we're happy to be able to be supportive, and we are standing by to be able to do more, as the circumstances warrant I did speak with the Vice President last night, our request was put in at the end of last week, and is being processed. And so we do anticipate seeing some folks as well from there, but in the meantime, I think that this will be something

that's very, very helpful for projection and obviously, we're working with other other areas of the state. I mean, I think date is of course, seeing the high positivity. And, and I think the outbreak here is different than somewhere some of the other places, but but certainly there's other areas as well that are going to want support and we want to be there to be able to support them. So I'm excited that this has come to fruition here at this Miami Care Center. I think this is the right thing to do for our seniors in long term care facilities. And you know, just continue to stress that, you know, if you are in those vulnerable groups, you're 65 and up, if you have certain underlying significant medical conditions, be very careful about avoiding crowds, avoiding close contact with people who are not in your household. You know, we're seeing positivity in Miami Dade, some of the other places maybe not as high but higher than they would be. So So now's the time to really continue to be very cautious and continue to to limit that close contact so that you can you know, avoid being infected while this virus is out. And I know Mayor manager and I were talking about I mean, a lot of this is being driven by younger people. And they look, they're just much less at risk. You look at the statistics, you know, if you're under 40, and you don't have a significant underlying condition, you know, you're the fatality rate is incredibly, incredibly low, which is a good thing. At the same time, you know, those folks interact with people who may be in vulnerable groups. And so that's definitely a concern, not only with staff in a nursing home, but just things like multi generational living, visiting parents and grandparents. You know, now's the time to exercise that caution. So we've at the state have advised from really March that if you are in those vulnerable groups, to avoid crowds, and limit the contact with people outside your household and now, especially understanding that that that 20 to 30 year old cohort, you're seeing more and more infections in that age group. There probably were already always happening to a certain extent, but I think the transmission rate has increased over the last month. So So it's very important to to be to be careful and to continue to exercise caution. And I think we've seen, particularly the older folks have done a really good job of being very cautious, you know, as this thing has continued to affect folks, you know, in the community. So I want to thank everyone for coming. We're gonna pass it along to some of the other folks and then we'll probably have a discussion before we take some questions. So mayor, you want to chime in.

GIMENEZ TALKS

Absolutely You know, we've been really over the last month and a half really have increased testing even more. And in Miami Dade. I mean, you guys obviously have more cases, positivity rates, not where we want it to be true. Also testing at a very high clip we have, of course, the main centers that we had had from the beginning Marlins in hard rock, but then the Miami Beach site, and then we have some of the lockup and then some of the retail pop up and like Simon mall and everything and so people are taking advantage of that, which is which is a good thing. We're happy to support the efforts with expansion of testing. Alright, Secretary Mayhew

GIMENEZ IN SPANISH

MAYHEW

Great. All right. Well, appreciate all your hard work aren't done. You want to make some comments.

JACKSON FACILITIES MAN

AVANTE LADY

DESANTIS

Great, thank you for for what you guys are doing. I think just so you know one thing when you're talking about discharging these patients, I mean, one of the reasons why you kind of need them is the we have the rule from the beginning or from the middle of March, if you're long resident of a long term care facility in the hospital can't be discharged back to your long term care unless you've had two negative tests separated by 24 hours. That was kind of the the CDC guidelines and look that's safe. But what happens is, is these PCR tests, they can pick up dead virus, so there'll be people who will test positive, and then they'll try to get out of isolation, not just long term care, and they'll test positive for another two weeks, or even three, I mean, so some people test positive 2128 days out, passed when they first tested positive. So it's a limitation in terms of some of the stuff that we have. So if you have a step down facility, if they're still testing positive three weeks after they're probably not infectious, but at least you don't have to run the risk, you put them there, and then when they get the negative they can go but but it is it's a limitation on this PCR testing that if you have RNA, a will pick it up, even if you're not infectious or even if you're no longer sick. And that does contribute to, you know, some of the some of the seniors who continue to test positive even when they're not showing any symptoms, or we have the Lieutenant Governor here, you want to make a few comments.

NUNEZ

I want to thank the mayor, I want to thank Jackson, I want to thank the folks here at Miami Care Center. This this is really important. The additional personnel for Jackson, I think he's going to be very, very important. We obviously want to continue to help and we know that we are the federal government's gonna be helping as well. The fact is, as as was mentioned, you know, if you have 30 40% of people with broken legs, sometimes other things that are asymptomatic, but testing positive, that increases the manpower, because you need to isolate, you need to do the protocols that come with things like COVID-19.

hospitals and continue to do that, but it is more labor intensive, even when you're dealing with a traditional patient have opposite test positive. So we're very sensitive to that. I know that in speaking with the White House speaking with the Vice President, the task force, they're very sensitive to that as well. So, thank you. We really appreciate all your hard work. And particularly, I want to thank the folks. The healthcare workers, first responders in South Florida in particular. You know, when we went through March, April, we got into May, the other 64 counties, you

know, had relatively mild cases and hospitalizations. I mean, South Florida was a majority of the cases hospitalizations and fatalities. And so you guys went through a lot of that was brought down I think, from the northeast to here in ways that other parts of Florida didn't have to face and so you kind of had to deal with that. Now. I think you're seeing probably the more natural cycle of this throughout the Sunbelt, which is affecting, of course, other parts of Florida more so but now again, affecting here, and, and that's required a lot of hard work, folks, the physicians, the nurses, other persons Now, you know, I've done a really, really good job. And we've been running these testing set sites for months and months, usually seven days a week. I know they were closed on Fourth of July. But But this the National Guard has been very helpful. You know, they've been at this for months and months. And so I just want to say thank you, and people Florida, thank all those folks who have been working very hard across the state, but I think particularly here in southern Florida, where, you know, you've, you've had to face you know, kind of a two humps here. So, but but but we're here for you, and we're going to continue to do what we can. Yes, Ma'am, ma'am.

REMDEZIVIR QUESTION

So we have the way what happened with rim desert, the IRS, the federal government bought out a bunch of it, and then they sent it to the State Department's of health. So our health department has distributed to the hospitals as they've needed it. That is no longer what's happening. So now the next shipment, that's Doing soon is not involving the state anymore. It's going directly from I think Juliet or whoever's the distributor is directly to the hospitals. I talked to the Vice President told him that, you know, we want to make sure that we don't have a gap. So so they're working on it as well. But but it's a change in how it's being distributed. Now, it's no longer coming through the Department of Health. It is going directly to the hospitals.

CONTACT TRACING QUESTION

We've I've already greenlight at 138 million for the Department of Health to support, not just contact tracing, but other personnel. All the counties have gotten huge amounts of money from the cares Act, the contact tracing is something that can be done. You know, it's a component but understand when you're talking about an asymptomatic, a virus that largely doesn't create symptoms and people who are healthy and under under, say, 50. You know, the contact tracing is not going to be enough. You know, you have to have, you know, some of the things we're doing with the nursing home some of the other things that you're doing with social distancing. So we've put in a lot of money for it. The counties have a lot of money to be able to do it. But you know, New York, they went through the boom and bust it wasn't because of contact tracing. I mean, that's the way it was, I mean, they had massive infections. You we've had a flatter curve, so those infections get spread out over a longer period of time. That was what everyone said we wanted, you know, better Back in March, but we've put 138 million from the state. These guys have my money. I know you've invested in contact tracing, I believe as well. But at the end of the day, you know, this is not a disease in which you get visibly sick, then you're contagious so that if you isolate contact trace you do, most of the people walking around with

this, either don't know they have it or a very mild sentence and will never come in contact with the hell. Another problem that you've seen is, particularly the younger folks aren't cooperating with contact tracers. And so when they're trying to call, they're just not getting a lot of a lot of support. You do have some informal contact tracing that's gone on with younger people where someone will have like a party at somebody's house and someone at that party later test positive and they tell everyone, hey, I tested and then those people go and get tested. So you do see some of that, but yeah, no, we've put in a lot of money for it. And but i think i think it's important But but it doesn't do the whole thing when you talk about an asymptomatic, so it's not as simple as saying you could just contact trace everything. Not Not when you have a largely asymptomatic illness, yes, sir.

QUESTION ABOUT RESTAURANTS AFTER SOME CROSSTALK, TO GIMENEZ

CONTACT TRACING QUESTION IN MIAMI-DADE

He has hired contact tracers.

FOLLOWED UP

Well, I don't I don't think that that I'm not sure that's correct me. We want the county health departments to be involved in this working with their local leadership. That's how they've been doing it the whole time. You know, as I said, we do have 130 \$8 million, with cares at money that I approved, you know, weeks ago for this and for other things that are that are significant. So but I mean, I think that they should be able to do it and then help do that next each other we have.

FOLLOW UP

Well, no, he announced that he was going to do it. And so you know, and he told me, he gave us a heads up that that they were going to be investing in some of it. We obviously have done it at the state level. I mean, as I said, you know, it's a lot of cares act money. That was what the Department of Health, the State Department of Health requested of me, they created a plan. They had different levels. They had some that were a little bit less, but I approved the more robust plan. And so that's what what they're going to be doing at the state level, but but I just also want to just stress on this. Look, we understand now, how this thing is transmitted. I mean, we understand Kind of the things like, you know, especially when it's hot out there, you pack a bunch of people in a private residence, you know, have a party loud music, a lot of hooting and hollering, that is going to be a strong venue for transmission. They they understand that if you maintain physical distance, you know, the chance of you infecting somebody or being infected drops dramatically. We understand that doing things outdoors, pressure, heat and humidity virus doesn't doesn't transmit as readily, you know, in those circumstances. And so those things I think, are really the significant behaviors and then obviously, for the vulnerable populations, to be limiting your close contact outside your home, to avoid crowds as much as you can to be

able to protect yourself. I mean, that is really, you know, where we're going to be needing to do this. And so we're doing that it's it's, it's, it's part of it, but but it's really the behavior that I think that the mayor has been talking about, that we've been talking about protecting The vulnerable by far the most important clinical consequences in the vulnerable group way higher than clinical consequences in the younger groups, but the younger groups are able to spread it to other folks. And so that is the message, protect our vulnerable population. And then just follow the guidelines that have been put out, you know, whether it's a state guidelines on social distancing, whether it's some of the things that the mayor has done here in Miami Dade, you know, we've really not had a lot of problems in Florida. When when folks have been following the guidelines. I can tell you that throughout all if you go from the beginning of May through that the beginning of the second week of June, you know, our statewide positivity rate was under 5%. In six weeks, sometimes it got as low as 3% statewide. Miami's was down in the single digits. And that was hard of, you know, our phase one. You had businesses open but you had people by and large following the guidelines and I think when that happens, we're able to have a lower positive rates and entities to move in in a better direction.

QUESTION ABOUT HOW MANY CONTACT TRACERS THERE ARE

You'd have to ask the Department of Health for the exact number.

QUESTION ABOUT STATE COVID HOSPITALIZATION NUMBERS

So if you look I mean, like so like this report is something that that you get, you know, kind of I get it every day from Department of Health. But they have so much raw data on there. I mean, people can pull out, you know, all this information. I mean, it's really incredible the amount of zooming people do the charts and the graphs and everything. And so that's all available for folks and they're able to, you know, to do it now that obviously not everything is presented in this in this report. But just an unbelievable amount of data, you know that's available for folks.

FOLLOW UP TO THAT NON-ANSWER

So all the data that goes into this is all available...

INTERJECTION FROM REPORTER

So I think a couple things to think about here is, so So obviously, you know, you are saying as, as the mayor, as mentioned, you know, we're seeing more traffic, particularly in dade in southern Florida. Now part of that is, you know, when he's reporting, you know, that includes these 30-40% of people who are incidental. So you know, you obviously have had increases for the Cova treatable, but you've also had increases that kind of supplement that so I think when you look at in March and April, when they were doing this, you didn't have testing of people coming in for other reasons at the time, if you're an expectant mother, you wouldn't be tested, if you're in a car accident, you wouldn't be tested. Now, all those people, you know, we're being

tested. And so they're, they're capturing a certain percentage of people, you know, in the community, who are largely asymptomatic would not require hospitalization for this, but but are doing it and so, you know, we I think by them talking about their rate, I think Jackson's probably the highest that we've seen and that 30 40% but I think others like Orlando health and some of those, you know, they're 20 25% Maybe a little, little less than in the Tampa Bay area, but it's definitely a phenomenon, you know, that we've seen, but I think that the the message is, you know, the census. You know, I think that there were, I don't know, 13 14,025% of the beds statewide are available. That's pretty consistent with where we've been, we've been, I think, between 20 and 30%. Since the elective procedures were put back in in May, and then people start to become more comfortable about going back to that to the hospital. So, you know, we have abundant capacity. But I think that having some of the personnel support will be very, very important.

I know some of the hospital systems have done a little bit on how they're handling elective procedures. I don't think you guys have gone any type of second level yet. And so they have a lot of levers that they can pull. And then obviously I think providing this support for the personnel. The Hundred for Jackson, obviously working with HHS to be able to provide more is something that's very, very significant and will allow, you know, the hospitals to be able to have Handle folks as they're coming in not just for, obviously the people who are hospice because of COVID, but be able to have the appropriate isolation procedures for folks who may be given birth, who may have a broken leg who may be coming in for something else, but are also found to be carrying the carrying device. So walk out here with a solid update.

FOLLOW UP QUESTION ABOUT CONTACT TRACING

So I've told you, I approved the plan 130 \$8 million for the Department of Health, they can provide that the details of that plan if you want to. So that's already been agreed to and approved. And that may be enough I mean, to what we would need, it's a lot of people. It's a lot of stuff. But I think it's also important to just point out, you know, when you have a lot of these asymptomatic 20 year olds, there's not a lot of contact tracing the being effective with them because they haven't been as cooperative, you know, with doing it. And so there's limits to how much if people aren't going to cooperate, how much that can be done. But 138 million, that's probably the biggest commitment, you know, that you've ever seen before, in terms of in terms of doing that.

FOLLOW UP ABOUT CONTACT TRACING

So we so the nurses are, we have had contracts in place at the state this whole time, in case there was a you know, just basic preparation in case there was a need to have folks, we've used some of those contract nurses at places like test centers, some of these other things, in addition to National Guard, and so we have capacity to be able to bring some more folks on some of that may be shifted from things that they're doing that they may not need to be doing as much. So

that's all just things that the state you know, we plan for contingencies and have the ability To execute accordingly.

ANOTHER FOLLOW UP

Well, I think it's a mix. I mean, when you when you, you know, there's there's places you can contract with for personnel, how they choose to deliver that. We've obviously waived any out of state limitation. So if people are coming from Georgia, or from other states, they'll be allowed to do that. But that's really a function of what's going on with the, you know, how the companies are doing it. But But those have been in place since March, you know, we didn't really need to do much of it beyond helping with the test centers. In March and April, obviously, you know, maybe getting a June was was was a light for us. But then as we've gotten in and now we hear the demand signal, that stuff's ready, so you flip the switch, and then you need to flip another switch, you flip the other switch, you know, that's just basic kind of planning to, to be able to meet whatever contingencies.

And I would stress. I mentioned this yesterday, when when we were in March, obviously there's a lot of people didn't necessarily know is going on the idea was was flatten the curve, have a have a flatter curve, which meant that you'd push this out over a longer period of time, the places that went boom and bust that have the highest death rates. You know, that's what we were, that's what people said you didn't want to do. Now, by spreading this out, you now have the ability to have way more robust testing. They're testing everyone that comes in the door. No one could do that in March. It just wasn't being done. There wasn't enough of an infrastructure you have that you had PPE shortages in March. Now, not that PPE is never an issue, but the PPE lines are much better. Now. We have the protective equipment. The state has sent out huge amounts to hospitals and to long term care facilities. So they're in a much better position. Of course, we mandated PP in the long term care facilities, third week of March, and we've been supplying them ever since. So so you have that which is which is very significant. You also have some of the different treatments that have been used, the steroids Yeah, the REMDEZIVIR, you have some of the other techniques, which are much better and delivering better patient outcomes. I mean, the fact of the matter is the mortality rate for people who are hospitalized now is lower than it was in March. And I think that's true worldwide, probably, but certainly true in the United States, and in here in the state of Florida. So you have that, which is something that is that is really, really significant.

And so and then, of course, now with having long term care facilities that are COVID, only, you're in a situation where obviously, we don't want to discharge your COVID positive patient back into a facility. We've never done that. But you also have the ability where these facilities can be stepped down from hospitals. So you don't have hundreds of people dwelling in hospital who don't necessarily need to be there but then can still be appropriately isolated. And so all these things that we now have in place is much different than was in March and the whole remember the whole point of the curve flattening the curve was to make sure we had enough health care capacity. people understood that you know, you have a virus, people will get

infected, you want to shield the vulnerable, of course, but you want to be able to deal with what ends up happening. And so we're in a way better position today to be able to do that. And and I think that that's something that is taken a lot of work. It wasn't obviously all just the state. I mean, we were involved in some of it. But a lot of the hospitals, the physicians have gotten much better at this. So that really is, you know, the nature of what we were trying to do. You know, we obviously want to see, you know, get over this wave as soon as possible. But but we have the tools in place to be able to deal with it in ways that not only Florida didn't, but really no state in the country had it. When we're talking about the beginning or middle of March. It's just something that that wasn't there. Now it's there, and we're much better off to be able to handle it.